

## SCHEDULE A

### I. INSURANCE REQUIREMENTS

Prior to commencing work, Consultant shall obtain at its own cost and expense the following types of insurance through insurance companies licensed in the State of Kentucky. Insurance written by non-admitted carriers will also be considered acceptable, in accordance with Kentucky Insurance Law (KRS 304.10-040). Workers' Compensation written through qualified group self-insurance programs in accordance with Kentucky Revised Statutes (KRS 342.350) will also be acceptable. **The Consultant shall not commence work under this Contract until all insurance required under the Contract Document has been obtained and until copies of policies or certificates thereof are submitted to the Louisville Zoological Gardens and approved by the Louisville/Jefferson County Metro Government's Risk Management Division.** *The Consultant shall not allow any subcontractor to commence work until the insurance required of such subcontractor has been obtained and copies of Certificates of Insurance retained by Consultant evidencing proof of coverages.*

Without limiting Consultant's indemnification requirements, it is agreed that Consultant shall maintain in force at all times during the performance of this agreement the following policy or policies of insurance covering its operations, and *require subcontractors, if subcontracting is authorized, to procure and maintain these same policies* until final acceptance of the work by the Louisville/Jefferson County Metro Government. The Louisville/Jefferson County Metro Government may require Consultant to supply proof of subcontractor's insurance via Certificates of Insurance, or at Louisville/Jefferson County Metro Government's option, actual copies of policies.

A. The following clause shall be added to the Consultant's (and approved subcontractors) Commercial General Liability Policies:

1. "The Louisville/Jefferson County Metro Government, its elected and appointed officials, employees, agents and successors are added as an "Additional Insured" as respects operations of the Named Insured performed relative to the contract for Zoo Advertising and Public Relations."

B. The insurance to be procured and maintained and **minimum** Limits of Liability shall be as follows, unless different limits are specified by addendum to the contract:

1. **COMMERCIAL GENERAL LIABILITY**, via the **Occurrence Form**, with a **\$1,000,000** Combined Single Limit for any one Occurrence for Bodily Injury, Personal Injury and Property Damage, including:
  - a. Premises - Operations Coverage
  - b. Products and Completed Operations
  - c. Contractual Liability
  - d. Broad Form Property Damage
  - e. Independent Consultants Protective Liability
  - f. Personal Injury

2. WORKERS' COMPENSATION insuring the employers' obligations under Kentucky Revised Statutes Chapter 342 at Statutory Limits, and EMPLOYERS' LIABILITY - **\$100,000** Each Accident/**\$500,000** Disease - Policy Limit/**\$100,000** Disease - Each Employee.

## II. ACCEPTABILITY OF INSURERS

Insurance is to be placed with Insurance Companies with an A. M. Best Rating of no less than "B+ VI", unless proper financial information relating to the Company is submitted to and approved by the Louisville/Jefferson County Metro Government's Risk Management Division.

## III. MISCELLANEOUS

- A. The Consultant shall procure and maintain insurance policies as described herein and for which the Louisville Zoological Gardens shall be furnished Certificates of Insurance upon the execution of the Contract. The Certificates shall include provisions stating that the policies may not be cancelled or materially amended without the Louisville/Jefferson County Metro Government having been provided at least (30) thirty days written notice. The Certificates shall identify the Contract to which they apply and shall include the name and address of the person executing the Certificate of Insurance as well as the person's signature. If policies expire before the completion of the Contract, renewal Certificates of Insurance shall be furnished to the Louisville/Jefferson County Metro Government's Risk Management Division at least 30 days prior to the expiration of any policy(s).

Louisville Zoological Gardens  
Attn: Maureen Horrigan  
P O Box 37250  
Louisville, KY 40233

AND

Louisville Metro Finance Department  
Risk Management Division  
611 West Jefferson Street, Room 22  
Louisville, KY 40202

- B. Approval of the insurance by the Louisville/Jefferson County Metro Government shall not in any way relieve or decrease the liability of the Consultant hereunder. It is expressly understood that the Louisville/Jefferson County Metro Government does not in any way represent that the specified Limits of Liability or coverage or policy forms are sufficient or adequate to protect the interest or liabilities of the Consultant.



# CERTIFICATE OF INSURANCE

This certifies that

- ☒ STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois  
☐ STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois  
☐ STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario  
☐ STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida  
☐ STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder Horizon Research International  
 Address of policyholder 100 Mallard creek Rd. Ste 200 Louisville, Ky 40207-5135  
 Location of operations Various  
 Description of operations Research

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms, exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
97-BL-1085-8	Comprehensive Business Liability	02/01/06	02/01/07	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:	<input checked="" type="checkbox"/> Products - Completed Operations			Each Occurrence \$ 2,000,000
	<input checked="" type="checkbox"/> Contractual Liability			General Aggregate \$ 4,000,000
	<input checked="" type="checkbox"/> Personal Injury			Products -- Completed \$ 4,000,000
	<input checked="" type="checkbox"/> Advertising Injury			Operations Aggregate
	<input type="checkbox"/>			
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
	<input type="checkbox"/> Umbrella	Effective Date	Expiration Date	Each Occurrence \$
	<input type="checkbox"/> Other			Aggregate \$
	Workers' Compensation and Employers Liability	POLICY PERIOD		Part I - Workers Compensation - Statutory
		Effective Date	Expiration Date	Part II - Employers Liability
				Each Accident \$ Disease - Each Employee \$ Disease - Policy Limit \$
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	

THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.

## Name and Address of Certificate Holder

" The Louisville/Jefferson County Metro Government, It's  
 elected and appointed officials, employees, agents and  
 successors are added as an " Additional Insured" as respects  
 operations of the Named Insured performed relative to the  
 contract for Zoo Advertising and Public Relations."  
 Atten: Maureen Horrigan  
 1100 Trevillian Way  
 P.O. Box 37250  
 Louisville, Ky 40233

If any of the described policies are canceled before their expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

Signature of Authorized Representative [Signature] 06/09/06  
 Agent \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_  
 John E. Delaney  
 Agent Name \_\_\_\_\_  
 Telephone Number 502-425-5555

Agent's Code Stamp  
 Agent Code 17-1937  
 AFO Code f314

**CONTRACT DATA SHEET**PSC Type (check one): X New \_\_\_\_\_Renewal \_\_\_\_\_Addendum**Contractor Information**

1. Legal Name of Contractor: *Horizon Research International, Inc.*
2. Address: *635 West Main Street*
3. City/ State & Zip: *Louisville, KY 40202*
4. Contact Person Name & Telephone Number: *Matthew Schulte. 502-379-6190*
5. Revenue Commission Taxpayer ID#:
6. If registration is not required please explain:
7. Is account in good standing: *YES*
8. Federal Tax ID # (SSN if sole proprietor): XXXXX

**Department Information**

9. Requesting Department: *Louisville Zoo*
10. Contact Person Name & Telephone: *Maureen Horrigan, 238-5606*

**Contract Information**

11. Not to exceed amount: *\$75,900*
12. Are expenses reimbursed? *No.*
13. If yes list allowable expenses and maximum amount reimbursable
14. Beginning and ending date of the contract: *June 1, 2006 – June 30, 2007*
15. Coding: *1101-735-1755-175525-521108 (Advertising)*
16. Scope & Purpose of the contract: *Provide qualitative and quantitative research as part of the Zoo's strategic marketing research plan.*

**Authorizations**

CPL County Attorney Review - Approved as to Form: mt

Department Director: [Signature] Date: 26 May 06

Signature certifies:

☒ Funds are available (25,000 available 05-06, remaining budgeted for 06-07)

☒ Contractor is registered and in good standing with the Revenue Commission (per Jenny Peterson)

☒ Human Relations Commission registration requirements have been met (they are checking system is down)

Cph Risk Management Division of Finance - Certifies Insurance requirements satisfied: 6-13-06

Cabinet Secretary: [Signature] Date: 6-20-06  
(If applicable)